## L15000059838

1/17/2018

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1118000020821.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Address:	
	Address:

## LLC REGISTERED AGENT CHANGE DRAMATIC PHOTOGRAPHY BY DUSTIN LLC

has the supplication of th	1200
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00
والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	

RECEIVED JAN 17 2018

Hectronic Filing Menu Corporate Filing Menu

1kh

B FIGUEROA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

r wrau.			NUCTOCE	ADUV DV DUSTIN	LLC
I. Name of the lin	nited liability company:	DRAMATIC		APHY BY DUSTIN	
2. ia) 2416 LAI	KE SHORE DR		(b) 2416	LAKE SHORE DR	
Princip	al office address of limited ha	bility company.		Mailing address of limited hat (Note: MAY BE POST OF	
	<u>Noic: MUST BE STREET A</u> S. El. 24275	NOKOMIS, FL 34275			
NOKOWI	S, FL 34275		14014	OWIO, 12 0 12. 0	
04/06/201	5		L1500	) <u>0059838</u>	
3. Da	e of filing/registration in	Florida	4.	Document number	
DITCINES	S FILINGS INCORP				
	ent and Registered Office show		: Florida Dept. of	State;	
	ARK AVE				
	fice Address (MUST BE F	LORIDA STREET AL	DDRESS)	<del></del>	
2					_
TALLAH	HASSEE	 	32301		SEI DIVISI <b>18</b> .
					ECRE SIDH (
	ered Agents I				
Enter name of	NEW Registered Agent and	or NEW Registered C	office address.		AM
3030	N. Rocky Poir	it Dr.	, <u>.</u>		STALE SORATIONS
NEW Regist	ered Office Address:				S STEEL
STE 15	Λ Λ				<b>3</b> 5
	UA			-· -	
Tamp	<u>a</u>	FL.	33607		
					irmed that after
the change or char agent will be ident was/were authoriz the articles of orga	ges are made, the Floridical. Or, in the case of a ged by an affirmative vote mization or the operating	Florida limited lia of the members of	he registered of bility company the limited lia imited hability		if the change(s)
R.: L.	12 kg	<u></u> •,	Riley Par	Printed or typed name of a	
	per or authorized representativ		m to not in this	I finther agrees	to comply with the
I hereby accept the provisions of all so the obligations to merely reflect a notified in septing	my position as registered change in the registered of this change.	agent us provided office address, I h	Jôr in Chapter ereby confirm	capacity. I further agree to the familie of the familie of the familie of this document that the limited liability co.	ar with and accept ment is being filed mpany has been
Signature of Register			•		
D	-				